

ue to get their medical care from the SPCs or local hospitals for emergency care. Medical care given at the SPCs is provided by the INS Health Service Division (INS HSD), which is staffed by the US Public Health Service. Health professionals are available 24 hours per day for medical consultation.

The initial medical screening process for minors at SPCs staffed by the INS HSD includes the following:

- Mental health screening forms given to minors 14 years of age and older. Forms are available in different languages. Furthermore, many medical staff members are multilingual and can read the forms to minors who cannot read. If a mental health problem is identified, the minor is referred to the contract psychologist or psychiatrist as soon as possible. If it is an emergency, the child is transferred to a local psychiatric facility;

- History and physical examination;

- Pregnancy test on female minors 15 years of age or older and younger if sexually active;

- Purified protein-derivative test. The minor returns to the clinic in two days to have the test read. If positive, a chest x-ray film is taken, a regimen of prophylactic medications (isoniazid, pyridoxine hydrochloride) is started, and baseline liver function tests are done. The minor is scheduled for follow-up appointments to complete prophylactic therapy, per guidelines of the Centers for Disease Control and Prevention (CDC);

- VDRL tests are done on minors 15 years of age or older and younger if sexually active;

- Age-appropriate immunizations are given following CDC guidelines;

- Additional laboratory tests are done if deemed necessary; for example, a hematocrit or hemoglobin level is done if anemia is suspected;

- A medical record is created; and

- Copies of immunization forms and a medical transfer summary are sent with the minor to the designated shelter care program.

During the child's stay at a licensed shelter, if an employee of the shelter thinks the minor may need medical or psychiatric care, the SPC's medical personnel are notified. The medical personnel then decide if the child needs to be brought to the facility immediately, the following day, or can be treated by the shelter personnel (such as for a headache).

Children in some facilities not served by INS HSD medical personnel are served by community health care professionals. These providers follow INS HSD medical

guidelines and standards. The INS HSD is occasionally consulted with. For example, if a medical procedure is being recommended on a child in custody, the INS HSD is sometimes consulted for another medical opinion.

Minors in INS custody but placed in foster care receive their medical care from the local community where they reside. This care is comparable to that received by US minors because they must meet the same medical criteria for admission to local schools. Foster homes are licensed under state laws.

In addition, it should be noted that the SPCs staffed by INS HSD personnel are accredited by the National Commission on Correctional Health Care. This accreditation requires that certain standards of health care be met, including care to minors. One facility has also been accredited by the Joint Commission on the Accreditation of Healthcare Organizations, and other facilities are working toward this.

Therefore, it should be recognized that INS HSD personnel have guidelines set forth for them to provide all minors fundamental medical and psychiatric care.

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CORRECTION

In the January 1997 issue, Ira Jeffry Strumpf, MD, was listed as the Section Editor of the Chest Diseases series of epitomes.¹ Robert S. Fishman, MD, was the Section Editor, which entailed soliciting the papers and reviewing the manuscripts for this series. We apologize to both Drs Fishman and Strumpf for this error.

The Editors

REFERENCE

1. Fishman RS, editor. Important advances in chest diseases. *West J Med* 1997 Jan; 166:56-60